COUNTY OF BERWICK.

ANNUAL REPORT

Medical Inspection and Supervision of School Children

ANDREW A. McWHAN,

SCHOOL MEDICAL OFFICER.

Year ending 31st July, 1920.

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ON THE

Medical Inspection and Supervision of School Children

BY

ANDREW A. McWHAN,

M.B., B.Sc., D.P.H.

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FOR THE

Year ending 31st July, 1926.

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COUNTY OF BERWICK.

Report by the School Medical Officer, for Year ending 31st July, 1926.

To the Members of the Education Authority for the County of Berwick.

Gentlemen,

I have the honour to submit to you my Report on School Health Administration for the year ending 31st July, 1926.

I am,

Your obedient servant,

ANDREW A. McWHAN.

County Offices,
Duns,
26th August, 1926.

COUNTY OF BERWICK EDUCATION AUTHORITY.

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1. List of Staff.

School Medical Officer :—
Andrew A. McWhan, M.B., B.Sc., D.P.H.

Health Visitors :—
Agnes H. Tait.
Jeanie MacIntosh.

Clerkess :—
Margaret Turner.

2. (a) The total number of schools in the County under medical supervision is 52.

(b) The number of children on the register in the County is 4036 and the average attendance is 3584.

3. The number of visits to schools for systematic examination in accordance with the scheme of inspection was 73.

4. The number of special visits was 26.

5. The sanitary condition of schools was very fully reported on in my report for the year ending 31st July, 1923, and I now note the following improvements :—

Nenthorn.—A concrete path was laid in the playground.

Eccles.—A cement floor was laid in the shelter shed.

Earlston.—A cement path and gutter was laid in the playground.

Chirnside.—A portion of the ground in front of the school was metalled and grouted, a new roof put on the Porch, and five new wash-hand basins fitted.

6. Organisation and Administration.

A. *System of medical inspection.*
This remains unchanged.

B. *School nurses.*

1.—Two whole-time health visitors are on my staff, who also undertake public health, tuberculosis, and child welfare duties. For this year one-third of their time was given to school health work.

2.—The duties of the health visitors in schools include :—

(1) The visitation of schools prior to medical inspection to carry out the preliminary details, see that the record cards are properly completed, and in general do everything that will facilitate the conduct of medical inspection.

(2) the payment of special visits to schools to maintain a high standard of cleanliness and supervise children requiring it.

(3) Attendance on the medical officer as required and on Dr. Sym and Mr. Lithgow. In the case of the latter they take entire charge of the arrangements in the schools, see to the payment of fees, filing of cards and prescriptions, take charge of apparatus, dressings, etc., and look after the children.

For this year, the two health visitors paid 203 visits to schools and examined 718 children, nearly all for reasons of cleanliness.

C. *Arrangements for "following up."*

In connection with "following up," it is the duty of each health visitor to read every record card, make herself acquainted with every child requiring any attention of any nature and with its home conditions, visit the home if necessary and do everything to ensure that the child is satisfactorily attended to.

They also come in contact with the children through the other county schemes. When a child is taken to East Fortune, for instance, they do not lose sight of it, but retain their interest in the child either by seeing the child on the occasion of their visits to East Fortune or by keeping in touch with the office records.

During the year, 393 home visits were paid, of which 226 were on account of unclcanly or verminous children and 167 for other reasons.

The health visitors also make direct arrangements with the Sister of Mr. Lithgow's wards in the Royal Infirmary for the admission of throat cases for operation, when it is not arranged for locally. 23 visits with such children were paid to the Royal Infirmary during the year.

"Following up," now, however, does not occupy quite the same place that it did in school health work when I wrote pages 14 and 15 of my school report for the year ending 31st July, 1923. Indeed, a true conception of the present position in school health work will only be realised by referring back to pages 14-20 of my report for the year ending 31st July, 1922. On page 16 of that report I stated that for the first three years of the Medical Inspection Schemes in this County, when no treatment schemes were in operation, 483 children altogether were intimated to their parents as requiring attention for some defect or defects, out of which 209 received some measure of attention, although in a great majority of cases it was insufficient to put the child completely right. Out of these 483 cases 384 were for purely medical conditions, out of which only 150 received any measure of attention at all. The central fact, however, is that out of those 384 cases, at least 361 would now be under schemes administered by the Education Authority, and a later section of this report will show that nearly every one of those children would now receive satisfactory attention.

The tuberculosis and maternity and child welfare schemes are also having an effect on the health and happiness of school children which was entirely absent in those early years. The benefits of East Fortune to the children are well known. Reference need only be made to it, but it is not altogether realised that for the year 1925 no fewer than 10 children under five years received oculist treatment in the County, mainly for squint, children that only a few years ago used to progress to almost blindness in the squinting eye ; while three children received attention from the aural surgeon and four received hospital treatment.

Another factor lies in the fact that under the Authority's treatment schemes a considerable amount of explanation to mothers becomes necessary with the result that for some time back I have been in the habit of sending for mothers to meet me at the schools, a method which has great advantages.

As a consequence of these changes the time of the health visitors, which used to be so largely spent in home visitation, is now being transferred to other directions, and in particular to arrangements in connection with treatment.

D. *Supervision of infectious disease, including school closure.*

E. *Co-ordination with public health service.*

With reference to D. and E., the school medical officer is also medical officer of health for six out of the seven local authority areas, so that supervision and co-ordination are automatic in six areas and by arrangement in the Burgh of Duns.

F. *Presence of parents at inspection.*

Parents seldom attend ordinary medical inspection, but are generally present with Dr. Sym and almost invariably with Mr. Lithgow.

7. The Physical Condition of the School Children.

A. *Total number of children examined—*

The classes of children medically inspected in the school year 1925-26 were :—

(1) All children just entered school ("entrants")
(2) All children born on or between 1st August, 1912, and 31st July, 1913 ("leavers.")
(3) All others whom the teachers wished seen ("non-routines" or "specials.")

Numbers Inspected—

	Boys	Girls	Total
Entrants	202	171	373
~~Leavers~~	~~194~~	~~220~~	~~414~~
~~Non-Routines~~ LEAVERS	199	158	357
Total	401	329	730

NON ROUTINES 224 243 467

B. *Number of children notified to parents as suffering from defects—*

Boys	Girls	Total
142	156	298

C. *Details of defects intimated (defective teeth excluded)—*

	Boys	Girls	Total	received attention
Dirty or Verminous Clothing	..	..	..	..
Dirty or Verminous Head..	2	21	23	23
Impetigo	5	4	9	9
Ringworm	..	1	1	1
Eye Conditions	73	98	171	170
Ear, Nose and Throat Conditions ..	57	42	99	99
Bad Nutrition	1	3	4	4
Tuberculosis..	5	7	12	4
Deformities	3	1	4	3
	146	177	323	313

In the foregoing table, children referred to Dr. Sym or Mr. Lithgow through letters quoted in the Appendices I. and II. are counted as intimations. With reference to the other medical conditions they do not include cases in which older children were advised directly.

The term "received attention" is taken from the Memorandum of the Scottish Board of Health on School Administration issued in 1920. That Memorandum contained a model form of report by School Medical Officers, with which they were asked to comply for the sake of uniformity over the school health areas of Scotland. That report calls for—*inter alia*—a return of the "number of children notified to parents as suffering from defects" and the "number of children receiving attention" (defective teeth being excluded.)

The number receiving attention or "attended to," as I expressed it in my first report for the year ending 31st July, 1912, was invariably given in my reports up to and including the report for the year ending 31st July, 1921. Thereafter it was dropped, as with the advent of health visitors and the consequent use of the medical institutions of Edinburgh, which they made possible, it became clear that a very large number of the children who received attention and satisfactory attention were not children who had been intimated for that year, but for the previous year.

As a result I dropped the use of the official term "Received attention," and detailed instead the results of the medical treatment schemes. As, however, the omission has apparently led to misunderstanding, I have restored the numbers who have "received attention" to comply with the Scottish Board of Health's official Memorandum. It will be noticed that all the children referred for verminous conditions were cleaned up. All children referred for specialist examination were examined, with one exception, and a large number treated by Dr. Sym and Mr. Lithgow. The Impetigo and Ringworm cases were all satisfactorily treated. A pre-tuberculous case was sent to East Fortune for a period of observation. In the case of tuberculous glands, in one school I offered seven mothers sanatorium and dental treatment for the children affected, and not one accepted either of them. Of the deformities two were cases of talipes varus. One of these cases has been operated on in the Royal Hospital for Sick Children in Edinburgh. The other case is an illustration of what I have just written. In this the case was discovered in one school year and is to be sent in for operation in the next school year. Another is a case of spinal curvature where a great deal of trouble was taken by the parents.

D, etc. *Results of Routine Examinations.*

The results of the routine examinations are as follows :—

	Boys	Girls	Total	Percentages Boys	Girls	Total
Routine Examinations	401	329	730	..	..	..
Clothing—						
Insufficient	0	00	00	.00	..	.00
In need of repair	1	—	1	.24	—	.13
Dirty	1	0	1	.24	.00	.13
Footgear, unsatisfactory ..	6	2	8	1.49	.607	1.09
Cleanliness of Head—						
Dirty	15	11	26	3.74	3.34	3.56
Nits	8	70	78	1.99	21.27	10.68
Verminous	0	9	9	—	2.73	1.23
Cleanliness of Body—						
Dirty	14	18	32	3.46	5.47	4.38
Verminous	1	2	3	.24	.607	.41
Condition of Skin—						
Head—Ringworm	—	—	—	—	—	—
Impotigo	1	0	1	.24	—	.13
Favus	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—

	Boys	Girls	Total	Boys	Girls	Total
Body—Ringworm	—	—	—	—	—	—
Impetigo	—	1	1	.303	.303	.13
Scabies	—	—	—	—	—	—
Other Diseases	1	2	3	.1	.3	.2
Nutrition—						
Above Average	—	1	1	—	.24	.13
Average	373	311	684	93.01	94.22	93.71
Below Average	25	13	38	6.23	3.95	5.20
Very Bad	3	4	7	.74	1.21	.95
Teeth—						
Sound	80	78	158	19.55	23.7	21.64
One to Four Decayed	178	142	320	44.38	43.16	43.83
Five or More Decayed	143	109	252	35.66	33.13	34.52
Nose—						
Catarrh	7	2	9	1.74	.607	1.23
Obstruction	1	—	1	.24	—	.13
Other Diseases	4	—	4	.99	—	.54
Mouth Breathers	16	4	20	3.96	1.21	2.73
Throat—						
Tonsils—Slightly Enlarged	64	51	115	15.71	15.5	15.75
Markedly Enlarged	13	14	27	3.24	4.22	3.69
Adenoids—Probably Present	7	1	8	1.74	.303	1.09
Present	—	1	1	—	.303	.13
Other Diseases	—	—	—	—	—	—
Lymphatic Glands—						
Submaxillary—Palpably Enlarged	109	74	183	27.18	22.49	25.06
Markedly Enlarged	7	3	10	1.74	.91	1.36
Suppurating	—	—	—	—	—	—
Cicatrices	2	0	2	.49	—	.27
Cervical—Palpably Enlarged	13	11	24	3.21	3.34	3.28
Markedly Enlarged	4	1	5	.99	.303	.68
Suppurating	—	—	—	—	—	—
Cicatrices	—	—	—	—	—	—
External Eye Diseases—						
Blepharitis	3	1	4	.74	.303	.54
Conjunctivitis	1	—	1	.24	—	.13
Corneal Opacities	0	0	0	.00	.00	.00
Strabismus	5	4	9	.24	1.21	1.23
Other Diseases	—	1	1	.0	.303	.13
Visual Acuity*—						
Good Vision 6/6	174	126	300	87.5	79.8	84.1
Fair Vision 6/9 and 6/12	18	26	44	9.0	14.4	12.3
Bad Vision 6/18 or Worse	7	6	13	3.5	3.8	3.6

*Children are classified according to their working vision "with better eye," and figures refer only to examination of 199 boy and 158 girl leavers.

	Boys	Girls	Total	Boys	Girls	Total
Ears—						
Otorrhoea	3	2	5	.74	.607	.68
Wax	0	0	0	.00	.0	.00
Other Diseases	0	0	0	.00	.0	.00
Hearing—						
Slightly Deaf	6	0	6	1.47	—	.82
Markedly Deaf	1	1	2	.24	.303	.27
Speech—						
Defective Articulation	2	0	2	.49	.0	.27
Stammering	1	0	1	.24	.0	.13
Mental Condition—						
Dull or Backward	3	2	5	.74	.607	.68
Mentally Defective	0	0	0	.00	.00	.00
Heart and Circulation—						
1. Organic Disease, Congenital	0	1	1	.00	.303	.13
2. Organic Disease, Acquired	3	0	3	.74	.00	.41
2. Functional Disease	—	—	—	—	—	—
Anaemia	2	2	4	.49	.607	.54
Lungs—						
Chronic Bronchitis	—	—	—	—	—	—
Tuberculosis	1	—	1	.24	.13	.00
Tuberculosis Suspected	—	—	—	—	—	—
Other Diseases	1	—	1	.24	—	.13
Nervous System—						
Epilepsy	—	—	—	—	—	—
Chorea	—	—	—	—	—	—
Infantile Paralysis	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—
Tuberculosis (Non-Pulmonary)—						
Glandular	8	6	14	1.99	1.82	1.91
Bones and Joints	—	—	—	—	—	—
Abdominal	—	—	—	—	—	—
Skin	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—
Rickets—						
Slight	—	—	—	—	—	—
Marked	—	—	—	—	—	—
Deformities—						
Congenital	1	1	2	.24	.303	.27
Acquired	8	8	16	1.97	2.12	2.19
Infectious or Contagious Diseases	3	5	8	.74	1.51	1.09
Other Diseases or Defects	3	4	7	.74	1.21	.95

Conditions Noted in Non-Routines or Specials.

Clothing Insufficient or Dirty	1	1	2
Head Dirty or Verminous	11	68	79
Body Dirty	9	13	22
Impetigo	2	5	7
Ringworm	0	1	1
Neglected	0	4	4
Nutrition Bad	9	9	18
Teeth Defective	42	52	94
	Mouth Breathing	10	11	21
Nose	Enlarged Tonsils	31	15	46
and	Adenoids	8	7	15
Throat	Enlarged Glands	20	18	38
	Other Conditions	2	2	4
External	Squint	13	6	19
Eye Disease	Other Disease	4	8	12
Eyesight, Defective	69	70	139
Ear Disease	2	1	3
Hearing Defective	6	5	11
Speech Defective	3	2	5
Mental Backward or **Condition** possibly Defective	18	9	27
Organic Disease of the Heart	1	1	2
Anaemia	4	7	11
Nervous Affections	1	—	1
Tuberculosis of Lungs	5	3	8
Tuberculosis of Glands	9	3	12
Deformities	5	1	6
Other Defects	10	4	14
Nil.	15	13	28
	~~339~~ 310	~~310~~ 339	649
Children examined for above number	224	243	467

With reference to the foregoing figures the following notes may be of interest. The general condition of cleanliness appears to be improved. Underclothing is generally clean and the children at the time of the medical inspection are generally also clean, although that state of affairs is very largely due to the two health visitors who inspect for cleanliness on the occasion of their preliminary visits to schools in connection with the medical inspection, and who are expected to see that dirty or verminous children are cleaned up before the actual medical inspection. (As this would inevitably vitiate the actual figures for medical inspection, the

figures given for verminous conditions and cleanliness are those of the health visitors.) There are still too many children, however, who are clean or kept clean only under compulsion. Out of 22 children excluded from school for the year, no fewer than 16 were excluded for verminous conditions. Out of 21 routine children examined at Eyemouth School on 24th November, 1925, three were found to have verminous heads. The vermin were very numerous in two cases and in one case the body was flea-bitten and the head was covered with impetigo showing a considerable degree of neglect. In one case the mother was a herring worker and could not possibly give the children the attention they required.

Children, and particularly girls, do require considerable attention if they are to be kept clean. In the case of girls as they grow up many of them seem to be too much entrusted by their mothers with the care of their hair with the result that if they become infected, they may become very verminous in an exceedingly short time.

Improvement is also manifested in other directions. It now seems customary for many children to use a tooth brush and keep their mouths clean. The use of the pocket handkerchief is now the rule and not the exception. One teacher tells me that she insists upon handkerchiefs, and she added that in the case of one boy whenever he required a clean handkerchief he invariably brought a new one. The teacher never remembered a handkerchief being washed.

In my last report I contrasted the boys of one school most unfavourably with the girls as regards their clothing. The same criticism could be applied to nearly every school, boys frequently wearing right through summer heavy jackets, jerseys and tight collars. The open collar for boys, so common elsewhere, does not seem to have caught on here so far. Parents, and indeed all should realise that overclothing makes neither for warmth nor for physical efficiency. The skin is not merely the excretory organ for sweat but is also the organ through which the heat-regulating mechanism works. With overclothing, the skin generally loses, through lack of use, its share in heat regulation with the result that chills are exceedingly likely to occur. Overclothing also directly prevents the beneficial action from ultra violet rays of sunshine. Overclothing is certainly not so prevalent as it was, but I remember

one child this year who had no fewer than eight layers of woollen clothing over her chest and back. The teacher asked me to see the child on account of continuous bronchial catarrh. In such cases bronchial catarrh is invited.

As regards nutrition the average child may be said to be averagely well nourished, but if younger children especially in Eyemouth, were to get more sleep, less tea and white bread (and in the case of Eyemouth less sweets) and more milk and fresh vegetables, the standard of nutrition would rise immediately.

There is no use of my writing anything about the condition of the teeth in the average child, more particularly as the Authority has now authorised a dental scheme which has been approved by the Scottish Board of Health. In the coming year dental treatment will be offered to a large number of children at nominal fees ranging from 6d. upwards and in no case exceeding 3/- per child, and in case of poverty, even these small fees will be remitted. I hope parents throughout the County generally will take advantage of this scheme for the well-being of their children.

With regard to eye, ear, throat and nose conditions their treatment will be discussed later in the report and reports by Dr. Sym and Mr. Lithgow which are appended. Physical defective conditions are also dealt with later.

8. Special Schools and Classes, Including Open-Air Schools.

1.—No physically defective children are in any special school or class.

2.—One mentally defective child is in Larbert Institution.

3.—No Class exists in the County for the education of backward children.

4.—Three children are in the Royal Blind Asylum, Edinburgh.

5.—One deaf-mute child is being educated at Donaldson's School, Edinburgh.

On 3rd July, 1926, a letter was received from the Scottish Board of Health stating that the Board had under consideration a review of the facilities existing for the prevention and treatment of crippling ailments in children, and requesting a classified note of the cripples in the area with details of individual cases. The following is a summary of such cases :

1.—Severe Rickets—No cases known.

2.—Tuberculosis lesions of bones and joints—five cases of whom one has been in hospital continuously since 30th April, 1920.

3.—Tuberculosis lesions of spine—at present moment none.

4.—Poliomyelitis anterior acuta of crippling degree—five cases.

5.—Congenital deformities of crippling degree — two cases.

6.—Other crippling ailments—nine cases.

On going over the schools this year a note was taken of those children who, in a town, would be in special schools or classes. The cases are classified according to the frequency of the condition, as follows :—

Cases of glandular enlargement, anaemia, bad nutrition, etc.		46
Mental Cases—		
Mental Deficiency	15	
Backward	10	
	—	25
Speech Defects—		
Hesitation	5	
Defective	3	
(with cleft palate)	3	
Stammering	2	
(possibly mentally defective)	1	
	—	14
Deformities		12

Eye Conditions—		
Myopia	3	
Cataract	1	
	—	4
Cardiac Cases	2	
Deafness	1	
	—	3

As regards the most frequent of these conditions enlarged glands beneath the jaws are generally associated with carious teeth and with enlarged tonsils and adenoids. The state of the child's nutrition is also generally below normal. A proportion of these cases are in all probability of a tubercular nature, but whether they are tubercular or simple cases of adenitis, the treatment, to begin with at least, is the same, viz. :—dental attention to the mouth, removal of enlarged tonsils and adenoids, more food of a fatty nature, such as milk, more fruit and vegetables, more fresh air and more sleep. This condition is particularly noticeable in Eyemouth, where a large proportion of the younger children neither get proper food nor sufficient sleep, and get far too many sweets. On examining the mouths of young children in that school, especially after the dinner interval, it is quite the rule to find the teeth covered with the remains of sticky masses of sweet stuff. A little steeling of the heart on the part of Eyemouth parents in these matters would be productive of an immense amount of good.

The next most important category is that of the mentally defective and backward children. It is most difficult to distinguish between a mentally defective and backward child, the border line is so very vague, but mentally deficient children in many cases are a distinct drag on the class, and in more than one instance I have advised their removal from the school, as they were learning nothing or almost nothing and their presence might have been prejudicial to the other children. Backward children may be children whose intelligence at that period of life is somewhat lower

than normal, although in some cases it may be otherwise at a later period, or they may be children who for no reason of their own, such as physical defect, or illness, have fallen behind in the school course.

The third most frequent class of case is that of speech defect. In the three cases with cleft palate speech defect is unavoidable and can hardly be improved. In the case of ordinary defective speech, stammering and speech hesitation however, improvements should be effected for the sake of the children in after life, but I cannot remember any such case in which an improvement has occurred at school. These children require special consideration and special treatment, which it seems impossible for the ordinary class teacher to give.

Ordinary school conditions and methods are not fitted for myopia cases, and all such children should be in a special school.

In many cases residence in a rural county may be an advantage, but not to defective children. In their case they are at a very great disadvantage as compared with these children who have been brought up in towns with special schools, open air or otherwise, where every allowance is made for their handicaps, and where every means is taken to enable them to be overcome. I understand that proposals exist for establishing an institution or class for cripples for the South Eastern areas. This institution, if it materialises, will have a great opportunity for usefulness as regards these physically defective children. The provision of special classes for these children is a difficult one, and will always remain a difficult one in wide and sparsely populated communities where the cases are relatively few, and it is not easy to see how the difficulty can be overcome, except by the setting up of special residential schools.

9. Arrangements for Physical Education and Personal Hygiene of Children.

A. *Physical Exercises.*

I reported on this very fully in my last report.

B. *Baths.*

There are no baths in the schools in the County.

C. *Practical Instruction in Personal Hygiene.*

A great deal has been done in the past year both by teachers and health visitors in giving practieal instruction in hygiene. Ample evidenee of its effeet is being demonstrated in the higher standard of cleanliness generally and the greater use of the tooth brush and pocket handkerehief, together with a rapidly growing appreeiation of the advantages of modern medical skill. The later sequel has also proved a most important factor in raising the general standard of hygiene, through the requirements of operative treatment both before and after, as well as by the mixing up process with the outer world.

I regret, however, that it has not been found possible to reintroduee the short courses on mother-craft and personal hygiene given to senior schoal girls which were given by a previous health visitor. Sueh courses would prove most valuable, partieularly in rural schools with their large change-over each year. (e.g. In May of 1926 Hutton Sehool had 63 children on its roll while 20 left and 23 entered.)

10. Arrangements for Feeding Children.

There are no arrangements for feeding children, except voluntary in a few schools as detained in my report for year ending 31st July, 1924.

11. Arrangements for Medical Treatment.

I have great pleasure in presenting the reports of Dr. Sym and Mr. Lithgow, the Authority's Ophthalmic and Aural Surgeons.

It is difficult to realise in reading the reports that the Authority's arrangements for the examination and treatment of children with defective eyesight were only started in the school-year 1920-1921, and for ear and throat conditions in the school-year 1923-1924.

Out of 171 children referred to Dr. Sym and 99 to Mr. Lithgow, only one child was apparently not examined and these figures may be compared with those for the school-year 1920-21, when out of 189 intimations to parents regarding their children's eyesight, the services of Dr. Sym were only accepted in 126 cases, or for the year 1923-24, when in order to make as certain as possible that Mr. Lithgow's visit would be a success, my only health visitor on duty at the time cycled over 800 miles in less than a month to visit all the homes in which there were children with ear or throat conditions.

Both Dr. Sym and Mr. Lithgow refer to the change of atmosphere which they are experiencing in the much greater willingness of the parents to avail themselves of their special services. The expression of opinion on Dr. Sym's part is particularly valuable as he is not merely the Authority's oculist, but is also Convener of the Health and Physical Training Committee of the Education Authority of the City of Edinburgh.

It may be taken that the Authority's arrangements for specialist examination and treatment of eye, ear, nose and throat conditions are now part of the established order of things and no further anxiety need be felt as to their success.

It is much more probable that a demand will arise for the extension of these services to other classes of the population. The Child Welfare Committee arranges for children under 5 and under their arrangements children can be sent to Edinburgh for examination without any delay whatever. In a recent year out of 232 cases of scarlet fever notified, at least 14 are known to have been complicated by middle ear disease, and in the case of a limited outbreak of measles, at least 20 cases occurred. The majority of these cases occurred in school children but 9 separate committees have charge of

infectious disease administration and none have any arrangements for the provision of specialist treatment, so that the names of such school children are generally put on the school lists for Mr. Lithgow and they have to wait until he comes round.

In the case of Dr. Sym, examination and treatment is combined, whether that be the prescription of spectacles or drugs.

In the case of Mr. Lithgow, while a large number of children receive immediate treatment such as syringing of the ears, a considerable proportion are referred for operative treatment and I take this opportunity of expressing my indebtedness to Mr. Lithgow for his kindness in admitting to his wards for operation 19 cases during the year and for the consideration he extended to two specially urgent cases, one for a mastoid and the other for a threatened mastoid. The first of these cases was operated on first for adenoids and nasal polypus, sent in again for examination and then operated on for the mastoid. Both health visitors have been furnished with ear syringes and can thus implement Mr. Lithgow's treatment at the school.

In the case of other medical and surgical conditions which the Authority has agreed to treat, it will be seen from the intimation list and from the other statistics that a number of cases were discovered, but all treated were treated privately without recourse to our help.

REPORT BY DR. SYM.

DEAR Dr. McWHAN,

I have now completed my " tour " round those schools in your County in which there were children requiring to see me (or to which they had been brought). I congratulate you on the success with which the arrangements have been carried out. The two Health Visitors (Miss McIntosh and Miss Tait) have not been merely highly efficient, but most kind and helpful as well, and it has been a pleasure indeed to observe the pleasantness and the friendliness with which they are greeted everywhere. They are obviously regarded as the real friends of all who require their help, and who benefit by their attentions.

You have in your office the numerical details. I wish rather to convey the general impression made upon me. One thing in particular I wish to say is that I cannot fail to notice how much more willingly one's services are employed, how much less " passive resistance " there has now come to be. People are recognising that this examination and (when needful) treatment is not a mere fad of officials or exercise of a little " brief authority " but an expression of a desire that advantages which are easy for some to procure, should be available as far as possible for all, and that all the scheme tends to the real lasting benefit of the children. Nothing shows this more definitely than the greater readiness to allow the optical treatment of squint at an early stage—the stage when it is most useful and most necessary. It will soon come to be regarded as a disgrace to parents to have a child grow up without every effort being made to cure (or better to prevent) his squint. Squint, like poverty, we shall probably always have with us ; and again like poverty, its worst features are capable of being dealt with and minimised by early and judicious care.

I have met with very little serious disease of the eyes—one boy I did find with areas of destructive choroiditis, and very poor vision—a sister and perhaps others of the family too, though without such changes appear to have but indifferent vision, and the mental capacity of them all seems to be but poor ; they are, if not mentally defective, at best dull and " backward." One case of congenital defect I met with also ; fortunately, its possessor has better vision than is often associated with the existence of Coloboma.

Two points I should like to mention—*First*, that you need not be afraid of my ordering " unnecessary " glasses. I have always held the view that spectacles are an " evil " of themselves, but they are of immense value, when they are *really* required—not to be tolerated unless there is definite reason for wearing them, and emphatically not to be rejected, when they are saving eyes for future work. I often put a note on the card : Give the child a year yet before we decide that glasses must be worn ; try him a bit longer, but *watch.*

Second. It is not alone the children who have bad sight at a distance who require treatment. Some who see quite well require glasses to save them from headaches of childhood (a sad reality to many a child), and on the other hand many a child who has but indifferent distant vision, gets along splendidly with a book or with writing, and is far happier and has no real difficulty if he has no glasses, but uses his eyes judiciously and under guidance. It would be a serious error of judgment to limit my examinations to children "with bad sight."

Yours faithfully,

(*Signed*) WILLIAM GEORGE SYM.

28 Melville Street, Edinburgh.
18th June, 1926.

REPORT BY MR. LITHGOW.

5 Palmerston Place,
EDINBURGH,
29th July, 1926.

DEAR Dr. MeWHAN,

I am sending you this short account of my visit to Berwickshire in June and July of this year, when a large number of cases were seen by me for a wide variety of conditions.

The simplest condition noted was impacted cerumen. In some of these cases it was possible to remove the obstruction at the time but in others, owing to the hardness of the cerumen, immediate removal was inexpedient and often impossible. In these cases softening applications were employed or prescribed when subsequent removal necessarily fell to the Health Visitor. For this reason I took pains to instruct both Health Visitors in the technique of aural syringing. In such cases it must be understood that completion of the treatment is more or less of a compromise but the best is being done under the circumstances.

The majority of the cases were those of deafness due to the presence of adenoids, with or without chronic suppuration of the middle ear and in regard to them operative treatment for removal of the adenoids was essential for the preservation of hearing.

A certain number of cases had hearing normal at my examination but gave a history of previous attacks of acute otitis media with temporary deafness. In such cases operative treatment was strongly recommended as a prophylactic.

Some children complained of recurrent tonsilitis or frequent attacks of coryza or bronchitis. The same causal condition being in operation, similar advice was given.

It must be understood that in chronic suppuration of the middle ear conservative treatment of the ear itself must also be employed as well as operative treatment on the throat, but in a proportion of cases local conservative treatment will no longer be necessary after the results of the operation become apparent and the perforation—if not too large—heals.

There was a lesser number in which operation on the mastoid would probably ultimately be required as the conservative treatment in itself might prove sufficient. These cases have been specially noted for subsequent observation and arrangements have been made for their operative treatment in my Wards at the Royal Infirmary of Edinburgh if private treatment is not available.

This year I have seen no case of injury to the ear drum.

I am glad to note that many fewer have failed to avail themselves of my special advice given at my last visit, than was the case last year. I think this points to the educative value of the examination itself and as the beneficial results become more widely known among the parents, probably an increased tendency to avail themselves of its advantages will be noted.

In connection with this, I might refer to the large number of children from Berwickshire who are now passing through my Wards at the Royal Infirmary for operative treatment. Some of these—I am afraid—have had to wait long periods for admission but fortunately, owing to the recently increased accommodation, it has been possible to expedite matters and with the working off of the long waiting list, it should be possible for you to have operation cases admitted in future without such delay.

If I might venture to express an opinion on a subject not entirely connected with my department but of necessity falling within its observation, I should like to refer to the large number of cases requiring dental treatment amongst those consulting me. The dental caries is in many instances aggravating the throat condition, which in turn reacts on the teeth, thus ostablishing a vicious circle. I think that my treatment is certainly incomplete without proper attention being given to the mouth.

I should like to thank you most cordially for the smoothness and ease with which the arrangements for my visit worked ; the Health Visitors for their able and willing assistance, and the Teachers of tho County for their unfailing courtesy and willingness to oblige, even to the extent of anticipating one's needs.

Yours truly,

J. D. LITHGOW, M.B., C.M., F.R.C.S., E.,

Surgeon to the Royal Infirmary of Edinburgh (Ear and Throat Department) ; Lecturer on Diseases of the Ear, Edinburgh University ; Aural Surgeon to the Education Authority of Edinburgh ; etc., etc.

APPENDIX I.

County Offices,
Duns,
6th June, 1925.

Dear Sir or Madam,

Dr. Sym, Oculist to the Education Authority, is to visit School on at about , and your child, is to be specially examined by him. Please be present if you possibly can. If it is found that the child requires spectacles these can be supplied by the Education Authority at a cost of 8/-, which should be paid at the time of the examination, if possible. In cases where parents are unable to pay this sum they should communicate with the Headmaster of the school. The examination itself is free.

Yours faithfully,
ANDREW A. McWHAN,
School Medical Officer.

APPENDIX II.

County Offices,
Duns,
May, 1926.

Dear Sir or Madam,

Dr. Lithgow, a visiting Physician of the Education Authority, is to visit School on at about , and your child, is to be specially examined by him. Please come with the child on that day as Dr. Lithgow might want to speak to you about the child. I trust you will make every endeavour to be present. You will not be charged for the examination.

Yours faithfully,
ANDREW A. McWHAN,
School Medical Officer.